
Assessment of Treatment System for Substance Use Disorders

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Delivery Systems for Substance Abuse Treatment
Istanbul, Turkey, 7th September 2005

Assessment of Treatment System

- Boundaries of "Treatment System"
- Resources for treatment and prevention of substance use disorders in the world
- WHO Assessment Instrument for Mental Health Systems
- Assessment Instrument of Treatment System for Substance Use Disorders?

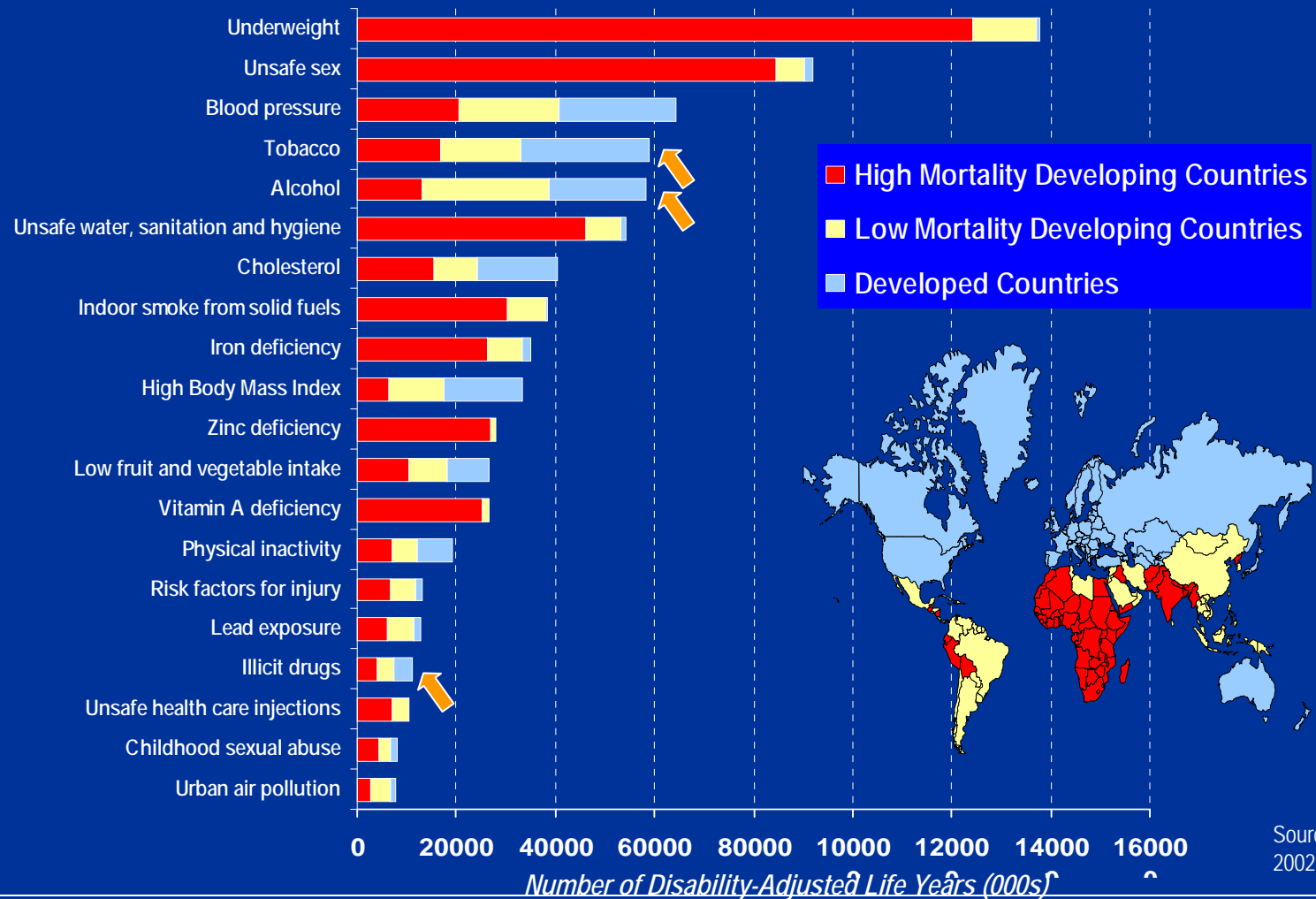
What are the boundaries of "Treatment System" for SUD?

- Shall it include all psychoactive substances?
- Shall it include alcohol and illicit drug policy framework?
- Shall it include health care sectors beyond mental health and substance abuse treatment services?
- Shall it include other sectors beyond health care?

Percentage of total global mortality and DALYs attributable to psychoactive substances (WHO, 2002)

Risk factor	High mortality developing countries		Low mortality developing countries		Developed countries		World
	Men	Women	Men	Women	Men	Women	
Mortality							
Tobacco	7.5	1.5	12.2	2.9	26.3	9.3	8.8
Alcohol	2.6	0.6	8.5	1.6	8.0	-0.3	3.2
Illicit drugs	0.5	0.1	0.6	0.1	0.6	0.3	0.4
DALYs							
Tobacco	3.4	0.6	6.2	1.3	17.1	6.2	4.1
Alcohol	2.6	0.5	9.8	2.0	14.0	3.3	4.0
Illicit drugs	0.8	0.2	1.2	0.3	2.3	1.2	0.8

Disease burden (DALYs) in 2000 attributable to selected leading risk factors (world)



Leading 12 selected risk factors as causes of disease burden

■ = Major NCD risk factors

High Mortality Developing Countries

Low Mortality Developing Countries

Developed Countries

1	Underweight	<u>Alcohol</u>	<u>Tobacco</u>
2	Unsafe sex	Blood pressure	Blood pressure
3	Unsafe water	<u>Tobacco</u>	<u>Alcohol</u>
4	Indoor smoke	<u>Underweight</u>	Cholesterol
5	Zinc deficiency	Body mass index	Body mass index
6	Iron deficiency	Cholesterol	Low fruit & veg. intake
7	Vitamin A deficiency	Low fruit & veg intake	Physical inactivity
8	Blood pressure	Indoor smoke - solid fuels	<u>Illicit drugs</u>
9	<u>Tobacco</u>	Iron deficiency	Unsafe sex
10	Cholesterol	Unsafe water	Iron deficiency
11	<u>Alcohol</u>	Unsafe sex	Lead exposure
12	Low fruit & veg intake	Lead exposure	Childhood sexual abuse

Deaths Attributable to Illicit Drug Use

- Estimated mortality (in 2000): **194 058**
 - Males: 149 425 (77%)
 - Females: 44 463 (23%)
 - AIDS: 59 000 (30.4%)
 - Opioid overdose: 69 152 (35.6%)
 - Suicide: 32 216 (16.6%)
 - Trauma: 33 689 (17.4%)

Global burden of disease (DALYs in 000) attributable to alcohol in 2000 (Rehm et al, 2003)

Diseases and injuries	Women	Men	Total	% of alcohol-attributable burden
Cancers	1021	3180	4201	7,2
Neuropsychiatric disorders	3814	18090	21904	37,6
Cardio-vascular diseases	-428	4411	3983	6,8
Other diseases (e.g. liver cirrhosis)	860	3695	4555	7,8
Unintentional injuries	2487	14008	16495	28,3
Intentional injuries	1117	5945	7062	12,1

Treatment System Addressing Wide Range of Psychoactive Substances

- Tobacco
- Alcohol
- Illicit drugs
- Prescribed psychotropic medicines
- Inhalants
- ...

Treatment System Addressing Wide Range of Substance-Related Disorders

- Intoxication
- Harmful use/abuse
- Dependence
- Substance-induced disorders
- Co-occurring conditions

Treatment System as Part of the Prevention Continuum

- Primary prevention
 - Ensuring that a disorder, process or problem will not occur (control of dependence-producing substances, structural and environmental changes, risk and protective factor detection and control...)
- Secondary prevention
 - Early identification and management (terminating or modifying for the better) of substance use disorders (harmful use/abuse and substance dependence)
- Tertiary prevention
 - Stopping or retarding the progress of a disorder, process or problem and its sequelae even though the basic condition persists (chronic care and rehabilitation, strategies for harm reduction and improvement of quality of life)

WHO Expert Committee on Drug Dependence, 28th and 30th Reports (WHO, 1993, 1998).

What are the boundaries of "Treatment System" for SUD?

- Shall it include all psychoactive substances?

Yes

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Yes

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Yes

- Shall it include other sectors beyond health care?

Yes

Levels of health care planning and provision

MACRO LEVEL

Health, Alcohol and Drug Policy Frameworks



MESO LEVEL

Organization of Health Care and Treatment Systems



MICRO LEVEL

Services, Treatment Protocols and Patient-Provider Interaction

WHO Assessment of Resources and Systems in Mental Health and Substance Abuse

- WHO ATLAS Project
 - Mental Health Resources in the World 2001
 - Country Profiles on Mental Health Resources 2001
 - Country Resources for Neurological Disorders 2004
 - Child and Adolescent Mental Health (in preparation)
 - Epilepsy Care in the World 2005
 - Intellectual Disabilities (in preparation)
 - Psychiatric Training (in preparation)
 - Role of Nurses in Mental Health Care (in preparation)
 - Substance Abuse (ATLAS-SU)

WHO Regional Offices and the areas they serve

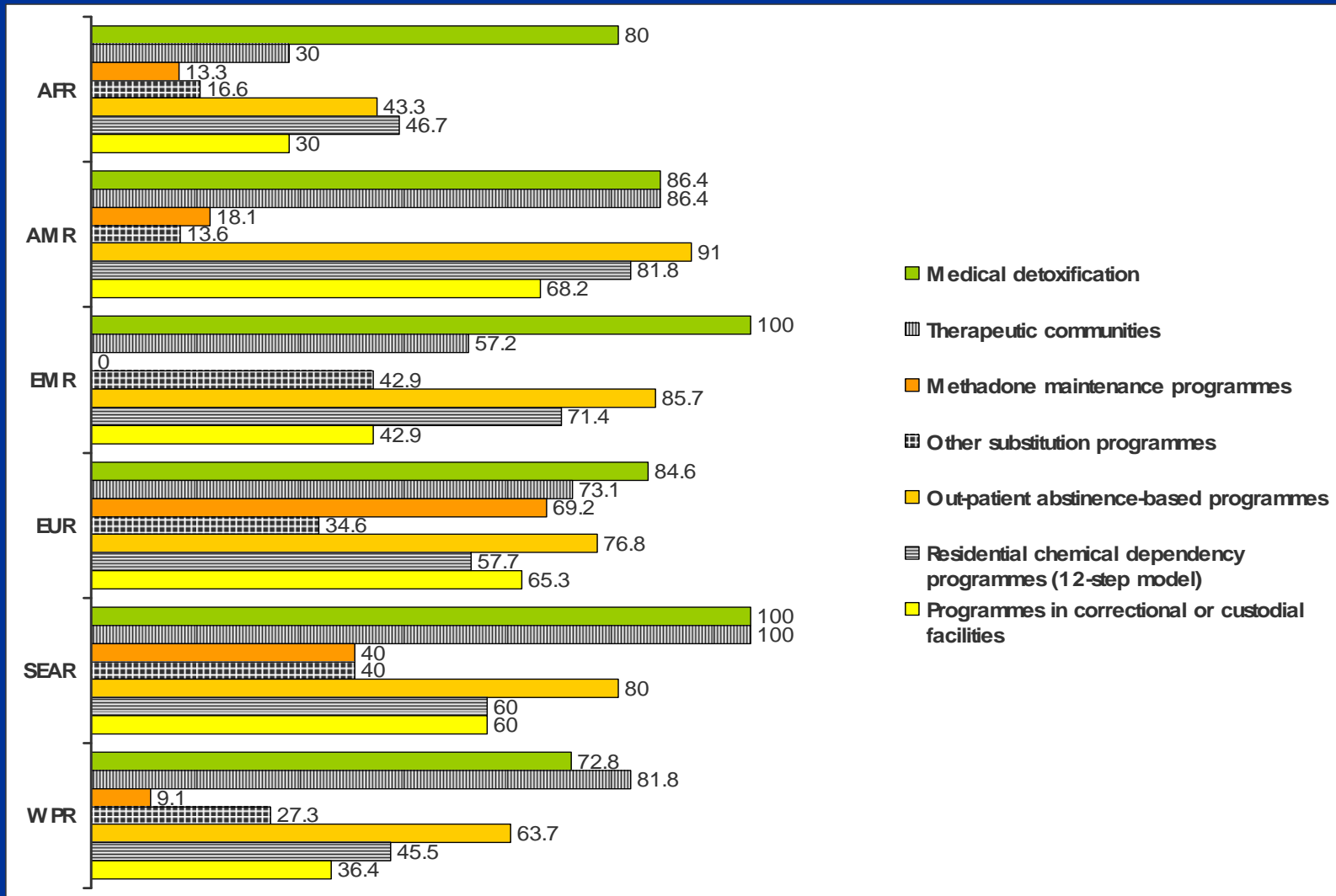


*Office temporarily located in Harare, Zimbabwe

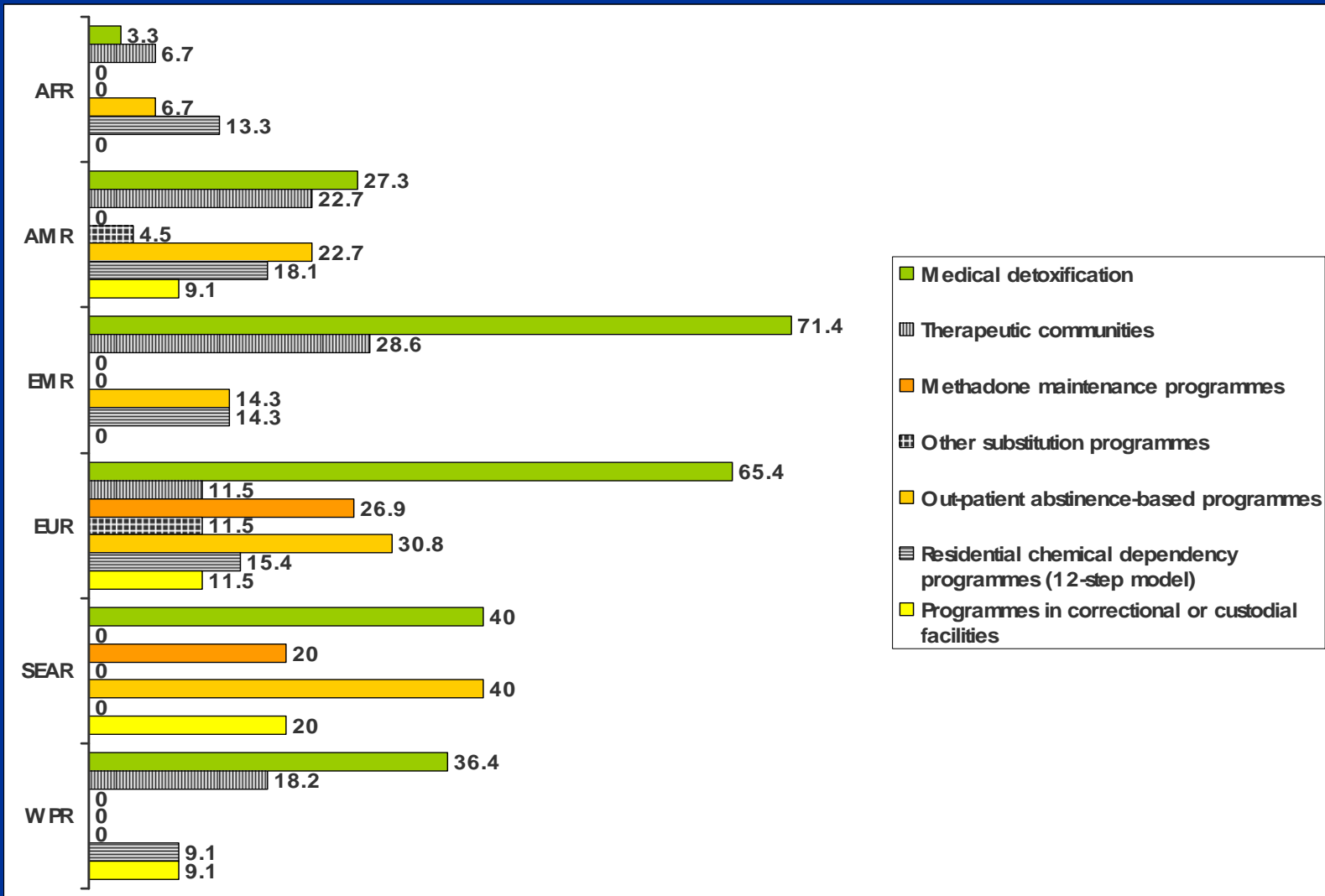
ATLAS-SU: Resources for the Treatment and Prevention of Substance Use Disorders in the World

WHO region	No. of member states in region	Number of responding countries	Response rate (%)
AFRO (Africa)	46	32	65
AMRO (Americas)	35	22	63
EMRO (Eastern Mediterranean)	22	7	32
EURO (Europe)	51	26	51
SEARO (South East Asia)	11	5	45
WPRO (Western Pacific)	27	11	41
Total	192	102	53

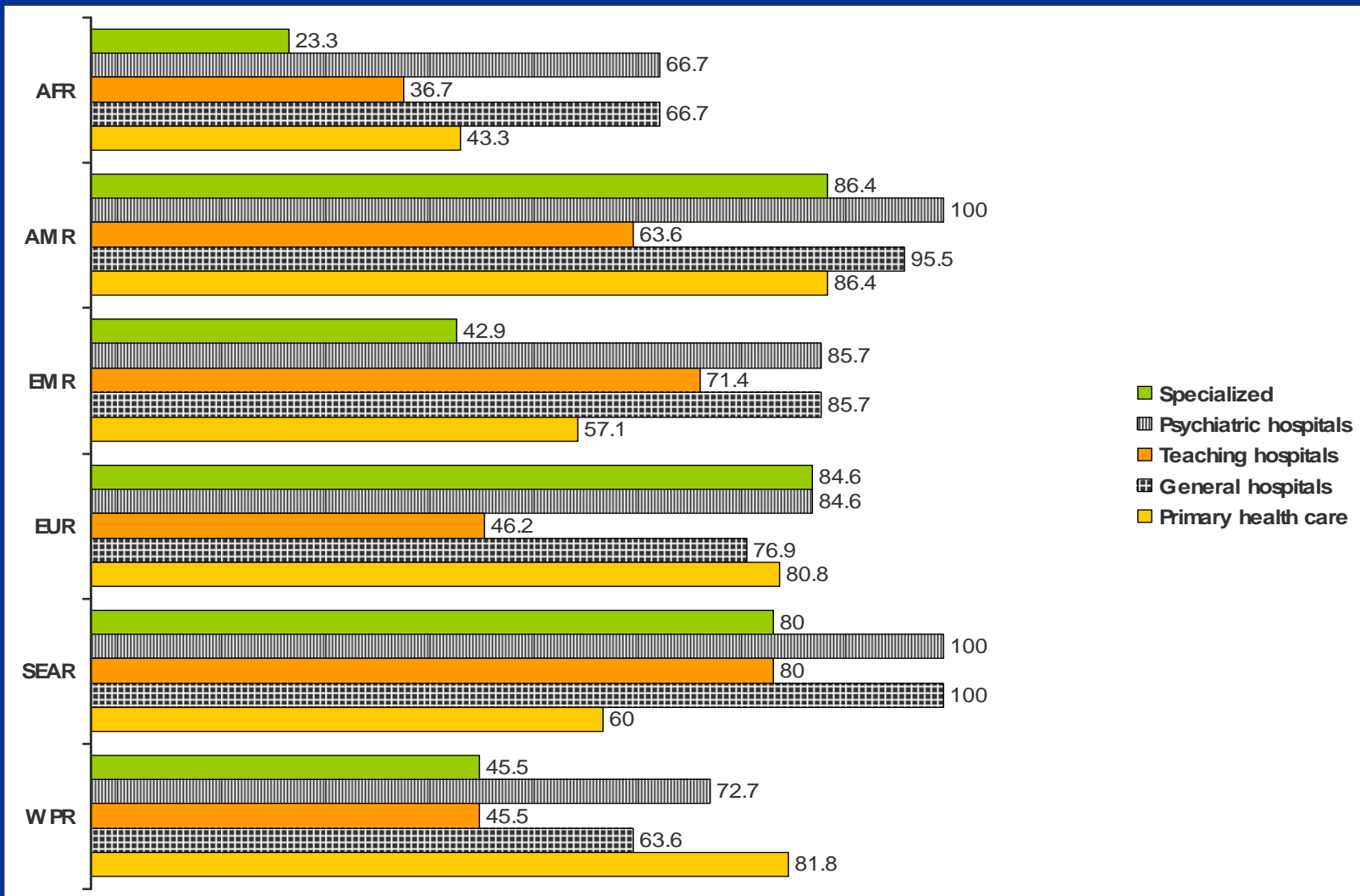
Availability of Treatment Modalities for Substance Use Disorders in WHO Regions



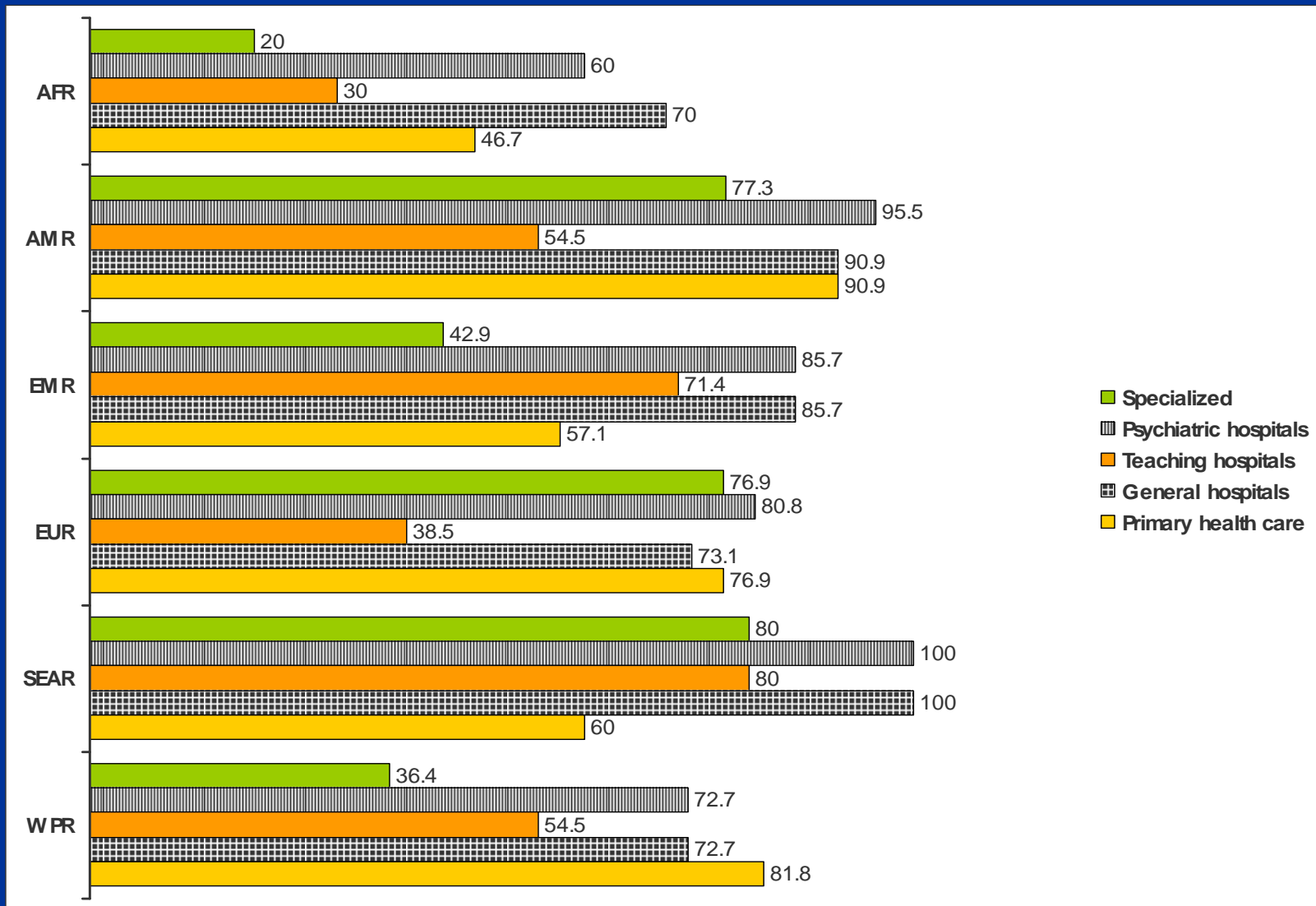
"High" Availability of Selected Treatment Modalities



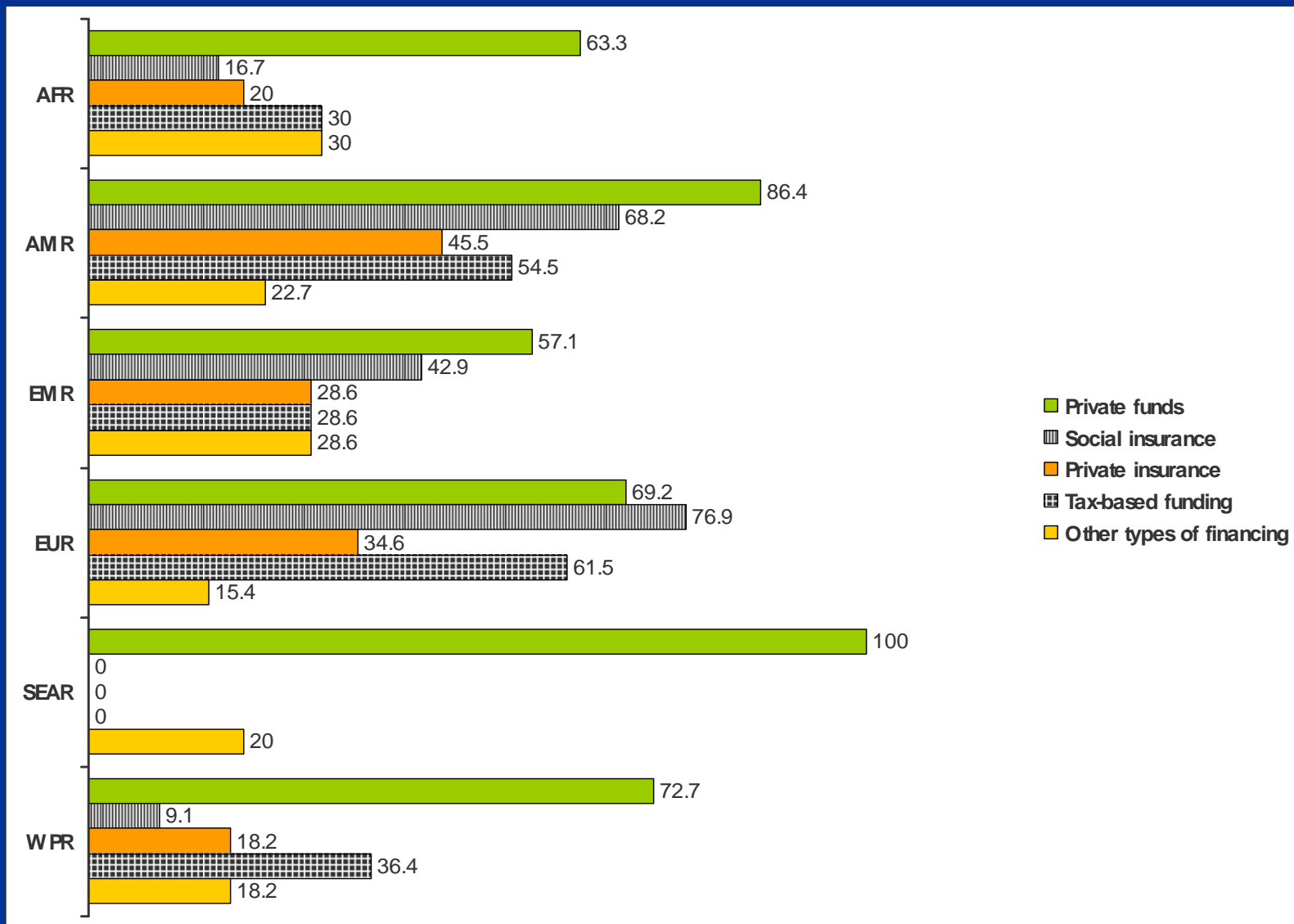
Health care settings providing treatment for drug use disorders



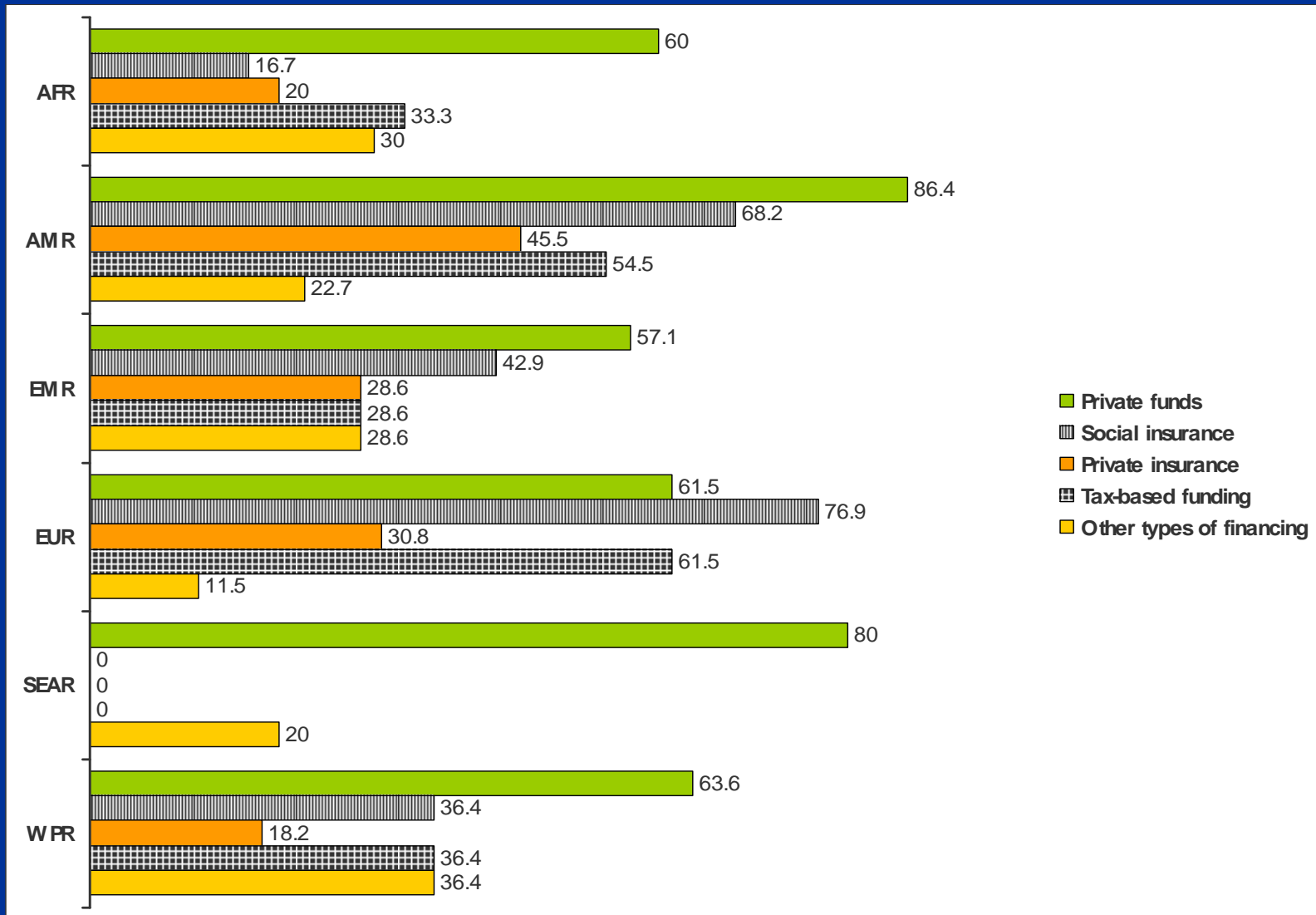
Health care settings providing treatment for alcohol use disorders



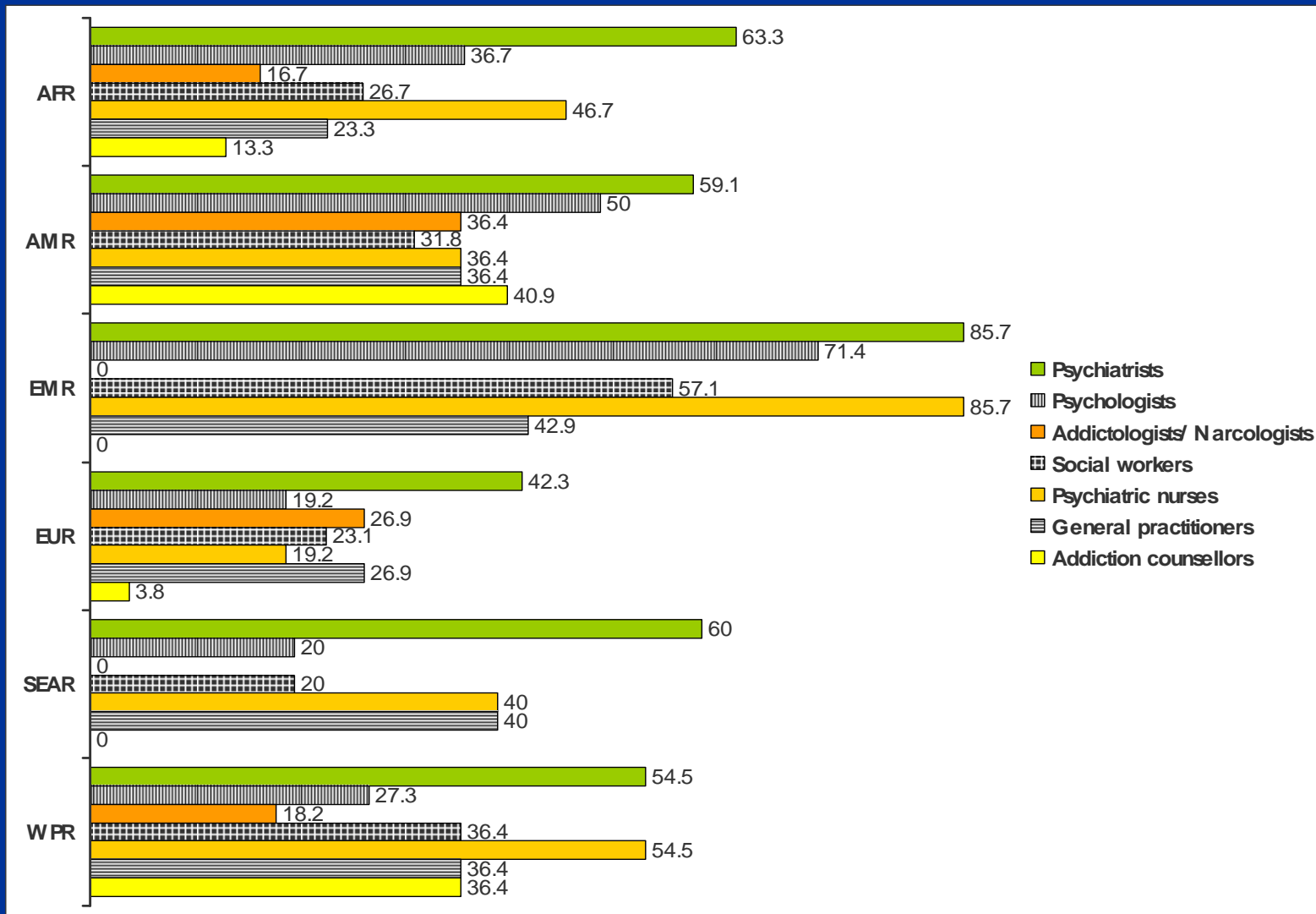
Sources of Funds for the Treatment of Drug Problems



Sources of Funds for the Treatment of Alcohol Problems



Professional Groups Involved in the Treatment of Substance Dependence



WHO-AIMS

World Health Organization Assessment Instrument for Mental Health Systems

Developed by the Evidence and Research
Team of the Department of Mental Health and
Substance Abuse

(S. Saxena, A. Lora, M. van Ommeren, T. Barrett,
J. Morris)

in collaboration with experts within and outside WHO

WHO-AIMS Version 2.1

Aim: assessment of mental health systems in less-resourced countries/states/provinces for

- Generating awareness and facilitating improvements
- Developing information-based plans with base-line information and targets
- Monitor progress

Structured in:

- 6 domains
- 28 facets
- 156 items

Domains of WHO-AIMS

- Policy and Legislative Framework
- Mental Health Services
- Mental Health in Primary Health Care
- Human Resources
- Public Education and Links with Other Sectors
- Monitoring and Research

Domain "Policy and Legislative Framework": Facets

- Mental health policy
- Mental health plan
- Mental health legislation
- Monitoring and training on human rights
- Financing of mental health services

Domain "Mental Health Services": Facets

- Organizational integration of services
- Mental health outpatient facilities
- Day treatment facilities
- Community-based psychiatric inpatient units
- Community residential facilities
- Mental hospitals
- Forensic inpatient units
- Other residential facilities
- Availability of psychosocial treatment in mental health facilities
- Availability of essential psychotropic medicines
- Equity of access to mental health services

Domain "Mental Health Services": Facet "Organizational Integration of Services": Items

- Existence and functions of a national or regional "mental health authority"
- Organization of MH services by catchments areas/service areas
- Mental hospitals organizationally integrated with mental health outpatient facilities
 - Proportion of mental hospitals organizationally integrated with outpatient facilities (numerator)
 - Total number

Domain "Public Education and Links with Other Sectors": Facets

- Public education and awareness campaigns on mental health
- Links with other sectors: formal collaboration
- Links with other sectors: activities

Links with other sectors: activities

ITEMS

- Provision of employment for people with severe mental disorders
- Primary and secondary schools with mental health professionals
- Promotion and prevention activities in primary and secondary schools
- Educational activities with police officers
- Educational activities with judges and lawyers
- Mental health care of prisoners
- Social welfare benefits

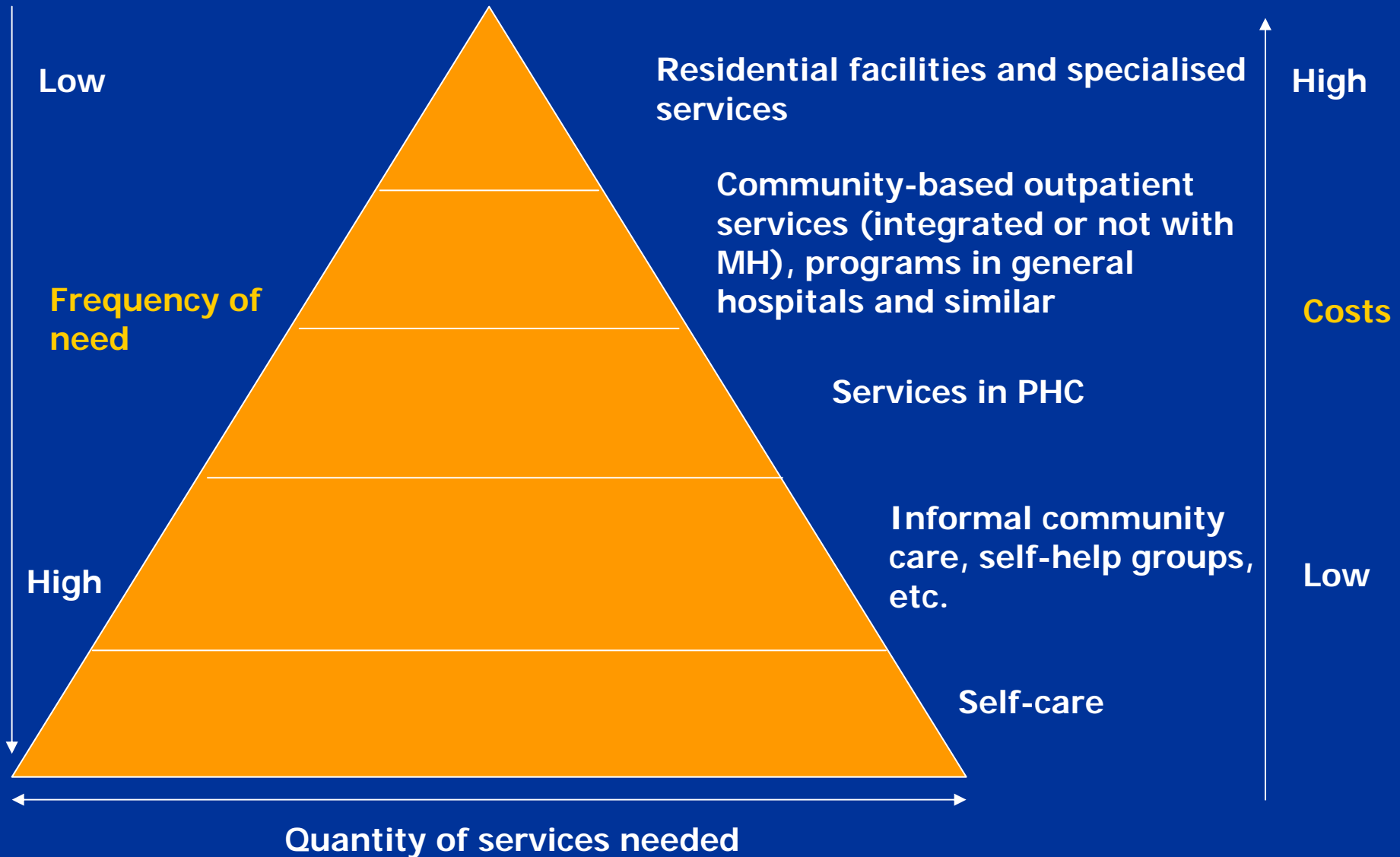
Framework for Analysis of Treatment Systems and Services for SUD

- Needs assessment
- Policy framework
- Availability of services
- Adequacy
- Accessibility
- Affordability
- Equity
- Effectiveness (improving health and well-being)
- Efficiency (maximising health gains)
- Utilization

Common Problems in Organization of Health and Social Services

- Inadequate Services/Systems
- Inaccessible Services
- Unaffordable Services
- Underutilized Services
- Fragmented services
- Discontinuous services

Optimal Mix of Different Services for Substance Use Disorders (adapted from WHO, 2003)



Pathways to Care Model

Level 1: General Population

Filter 1: Illness behaviour, hazardous substance use

Level 2: Substance use disorders in primary health care

Filter 2: Recognition by primary health care professional

Level 3: Conspicuous substance use related morbidity

Filter 3: Ability to identify, diagnose, manage or/and refer to specialist care

Levels 4 and 5: Specialist care

Adapted from Goldberg & Huxley, 1980

Patient's Pathways to Care

Examples:

Private treatment centres

Barriers: ability to pay, waitlists,...

Governmental/municipal treatment centers

Barriers: stigma, limited treatment options, confidentiality problems,...

Primary health care

Barriers: stigma, attitudes of professionals, ability to identify and manage SUD by primary health care professionals, ...

Substitution therapy for opioid dependence

Barriers: policy restrictions, limited experience,...

First Stages of Instrument Development

- WHO Working Group established
- Draft of the instrument developed
- Elaboration of the instrument and its review
- Testing in selected less-resourced countries
- Finalisation
- Use in the framework of WHO country technical assistance in the countries with developing treatment systems

Neuroscience of Substance Use and Dependence (WHO, 2004)

" Treatment must be accessible to all in need. Effective interventions exist and can be integrated into health systems, including primary health care. The health care sector needs to provide the most cost-effective interventions. "

Neuroscience of psychoactive substance use and dependence



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Management of Substance Abuse

WHO Department of Mental Health and
Substance Abuse
